LIGHTHOUSE
PEDIATRICS OF NAPLES

Dr. Dulce V. Dudley
Dr. Debra G. Shepard
3227 Horseshoe Dr. S
Naples, FL 34104
P: 239-449-9882
F: 239-449-9884

PARENTAL CONSENT FOR MEDICAL SERVICES TO MINORS

By signing this consent, I authorize **Lighthouse Pediatrics of Naples** to provide medical services without my presence to the minor child/children listed below:

Name of minor	**Date of birth**
Name of minor	**Date of birth**
Name of minor	**Date of birth**

I am listing the names of the people that I have given permission to bring my child/children to the medical office in my absence:

Name	**Relationship to minor**
Name	**Relationship to minor**
Name	**Relationship to minor**

This consent pertains only to the minors listed above. Each person who will bring the child/children to the medical office is required to bring picture ID for identification verification.

I understand that I am accepting financial responsibility for all medical services rendered for the patients and that payment is due at the time of service. I have the right to revoke this consent in writing.

Signature of Parent/Legal Guardian	**Relationship to patient**
Print Name	**Today's date**